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FEC FORM 2

STATEMENT OF CANDIDACY

1.	(a) Name of Candidate (in full)						
	Fyfe, Matthew, John, ,			d	0.0	CC - C - Ni	
	(b) Address (number and street) ☐ Check if address changed PO Box 3125			ged	Candidate's FEC Identification Number H2IN09191		
	(c) City, State, and ZIP Code					lew Amended	
	Bloomington		IN 4	7402	Statement (I	N) OR (A)	
4.	Party Affiliation	5. Office Sought			rict of Candidate		
	DEMOCRATIC PARTY	House		IN	09		
	DE	SIGNATION OF F	PRINCIP	AL CAMPAIGN	N COMMITTEE		
7.	7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2022 (year of election)						
	NOTE: This designation should be	filed with the appropriate	office listed	in the instructions.			
	(a) Name of Committee (in full)						
	Hoosiers for Matt Fy	yfe					
_	(b) Address (number and street)						
	PO Box 3125						
	(c) City, State, and ZIP Code						
	Bloomington			IN	47402		
_							
	DE	SIGNATION OF C	THER	AUTHORIZED	COMMITTEES		
				aising Representative			
8.	I hereby authorize the following nancandidacy.	ned committee, which is I	NOT my pri	ncipal campaign con	nmittee, to receive and ex	xpend funds on behalf of my	
	NOTE: This designation should be f	filed with the principal car	npaign con	mittee.			
	(a) Name of Committee (in full)						
	(1) A 11						
	(b) Address (number and street)						
	(c) City, State, and ZIP Code						
_							
	I certify that I have exa	amined this Statement an	d to the be	st of my knowledge a	and belief it is true, correc	t and complete.	
Si	gnature of Candidate				Date		
F_{\cdot}	yfe, Matthew, John, ,		ſ	Electronically Filed]	05/06/2021		
			L	siceronicumy 1 neug			
N	OTE: Submission of false, erroneous	, or incomplete information	on may subj	ect the person signir	ng this Statement to pena	ulties of 2 U.S.C. §437g.	
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